Quality Assurance Early Warning System for Long-Term Care Facilities

As Required by

Health and Safety Code,

Section 255.005

Health and Human Services

March 2020

TEXAS
Health and Human Services

Contents

1. Introduction

Section 255.005 of the Health and Safety Code requires the Health and Human Services Commission (HHSC) to submit a report on the long-term care (LTC) facility Early Warning System (EWS) annually to the Governor, Lieutenant Governor, and Speaker of the House of Representatives. The Health and Human Services Commission (HHSC) must assess and evaluate the effectiveness of the EWS and report its findings annually.

EWS is a statistical model that helps predict which nursing facilities have a higher risk of performing poorly upon inspection due to conditions detrimental to residents' health, safety, and welfare. HHSC reassesses EWS scoring criteria annually and compares predictions to actual outcomes. The current EWS model accurately predicts which facilities are classified as high and low risk 63% of the time. HHSC bases the facility scores on:

- Findings from the facility's annual survey[1] and complaint investigations, including the total number of selected deficiencies cited in the previous three years; and
- Quality measures from Minimum Data Set resident care assessments.[2]

HHSC has identified additional data that may trigger Quality Monitoring or Rapid Response Team (RRT) visits, in addition to the EWS, including:

- Preadmission Screening and Resident Review (PASRR) referrals from within HHSC or local authorities;

- Referrals from the Texas Department of State Health Services (DSHS) regarding outbreaks of infectious illnesses or cases of multi-drug resistant organisms in nursing facilities;

- New diagnoses of schizophrenia in residents with or without a prior diagnosis of Alzheimer's disease or dementia; and

---

[1] HHSC surveys nursing facilities yearly to ensure compliance with state licensure and federal certification regulations.

[2] The Minimum Data Set (MDS) is a standardized collection of demographic and clinical information that describes a person's overall condition.

- Facility level data related to the use of antipsychotics in long-stay residents.[3]

HHSC continues to evaluate the current EWS model, and test additional changes designed to improve the accuracy of its predictions. In fiscal year 2020, managed care organization (MCO) referrals could trigger Quality Monitoring or RRT visits.

Facilities with a history of resident care deficiencies or whose EWS scores indicate they are at medium or high risk receive priority assistance from HHSC's non-regulatory Quality Monitoring Program (QMP). QMP staff conducted 2,296 quality monitoring and rapid response team visits in fiscal year 2019.

---

[3] Long-stay residents are those who have remained in the facility for more than 100 days.

2. Required Data

Quality Monitoring Visits

QMP quality monitors—nurses, pharmacists, and dietitians—conduct initial and follow-up quality monitoring visits for medium to high risk facilities or facilities with a history of resident care deficiencies. During the initial quality monitoring visit, quality monitors evaluate the overall quality of life in the facility and specific clinical areas. Based on this evaluation, quality monitors partner with facility staff and provide educational and technical assistance to improve quality of care and resident outcomes. Quality monitors schedule a follow-up visit within 45 calendar days to ensure progress toward improvements.[4] Facilities can also request a quality monitoring visit.[5]

Table 1. Number of Initial and Follow-Up Quality Monitoring (QM) Visits — State Fiscal Year 2019

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Initial QM Visits	397	397
45 Day Follow-Up Visits	356	356
QM Visits	676	421
QM Follow-Up Visits	64	59
PASRR-Related QM Visits	164	139
Total Visits	**1,657**	**N/A[6]**

---

[4] Once 12 months have passed with no quality monitoring visits made to the facility, the next visit would be considered an initial visit and not a follow-up.

[5] QMP cannot help facilities prepare for a regulatory services survey or be included as part of a plan of correction to address deficiencies identified in a survey or investigation.

[6] The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

Rapid Response Team Visits

For facilities with the most need, QMP sends rapid response teams (RRTs) to complete comprehensive quality monitoring visits. RRTs go to facilities whose EWS scores indicate they are at high risk or facilities requesting an RRT.[7] Facilities at high risk include those that have three deficiency citations in a 24-month period related to abuse or neglect that constitute an immediate threat to health and safety. When an RRT is triggered, there are a series of visits typically lasting six months:

- Initial RRT monitoring visit by the full inter-disciplinary rapid response team (a nurse, pharmacist, and dietitian), lasting up to four days, to evaluate systems and to develop an action plan in collaboration with facility staff;
- Multiple follow-up RRT visits are provided by one or more team members over a six-month period to monitor the facility's progress; and
- Final RRT visit by the full team to evaluate and determine if the nursing facility has made sufficient progress to be released from the RRT process.

Unlike other QMP quality monitoring visits, state statute requires facilities to cooperate with the RRT to improve the quality of care. RRTs include quality monitors from multiple clinical disciplines, the facility's regional regulatory services facility liaison, State Long-Term Care Ombudsman staff, and others as needed.[8]

In March 2019, improvements were implemented in the Quality Monitoring Visit (QM Visit) system. The system changes improved the state's ability to track a facility's progress toward completion of their action plan and simplified reporting of RRT visits. New RRT visit series initiated on or after March 1, 2019 are tracked in the modified system. However, RRT visit series started before this date (including in an earlier fiscal year) are tracked in the original system through completion. RRT

---

[7] The RRT may not be used to help facilities prepare for a regular inspection or survey or be included as part of a plan of correction to address deficiencies identified in a survey or investigation.

[8] RRTs usually include quality monitors from more than one clinical discipline to ensure a range of clinical issues can be addressed and a broad evaluation of the facility's resident care systems is achieved.

visit data for this report are reported separately, based on the source system. Table 2 presents the numbers of RRT visits conducted in fiscal year 2019.

Table 2. Number of RRT Visits – State Fiscal Year 2019

Visit Type	Number of Visits[9]	Number of Unduplicated Nursing Facilities
RRT Visit Series initiated before March 1, 2019	443	41
RRT Visit Series initiated on or after March 1, 2019		
Initial RRT Visits	74	22
Follow-Up RRT Visits	122	17
Final RRT Visits	0	0
Total RRT Visits	**639**	**N/A[10]**

---

[9] A visit is counted as one rapid response team member's visit to a facility; a measure of staff effort. For example, an RRT visit with three team members is counted as 3 visits.

[10] The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

Other Visit Types

Introductory Visits

QMP conducts introductory visits when new facilities open. Introductory visits introduce the nursing facility to the QMP. These visits help facility staff understand the purpose of the QMP and the resources available to assist the facility with quality improvement activities.

In-Service Visits

During in-service visits, quality monitors provide in-service education presentations to nursing facility staff, offering evidence-based information in an interactive manner. The information provided supports quality improvement.

Table 3. Number of Introductory and In-Service Visits – State Fiscal Year 2019

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Introductory Visits	8	8
In-Service Visits	121	102
Total Visits	**129**	**N/A**[11]

PASRR-Related Visits

PASRR is a federally mandated program that requires all states to prescreen all individuals seeking admission to a Medicaid-certified nursing facility. The goals of the screening are to identify people with mental illness or intellectual disabilities, to support appropriate placement in a NF or the community, and to identify required services.

---

[11] The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

QMP includes a separate team of registered nurses and qualified intellectual disabilities professionals with a PASRR focus. In fiscal year 2019, they began conducting quality monitoring visits in nursing facilities to evaluate systems related to PASRR requirements and recommend process improvements and specific next steps to improve services for PASRR-positive residents.

QMP staff have been evaluating PASRR-related systems since 2017. In fiscal year 2019, staff made 164 PASRR-related visits. These visits are included in Table 1, above.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
EWS	Early Warning System
HHSC	Health and Human Services Commission
MCO	Managed Care Organization
PASRR	Preadmission Screening and Resident Review
QM	Quality Monitor
QMP	Quality Monitoring Program
QSR	Quality Service Review
RRT	Rapid Response Team